

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Rhode Island Department of Environmental Management

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

05-6000522

*** c. Organizational DUNS:**

111441213

d. Address:

*** Street1:** 235 Promenade Street

Street2:

*** City:** Providence

County:

*** State:** Rhode Island

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 02908

e. Organizational Unit:

Department Name:

Environmental Management

Division Name:

Office of Water Resources

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*** First Name:** Susan

Middle Name:

*** Last Name:** Kiernan

Suffix:

Title: Deputy Chief

Organizational Affiliation:

RIDEM Office of Water Resources

*** Telephone Number:** 401-222-4700 ext. 7600

Fax Number: 401-222-6177

*** Email:** sue.kiernan@dem.ri.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG1 - 13 -14

* Title:

13. Competition Identification Number:

Title:

FY13 and FY14 Region 01 Wetland Program Development Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

*** 15. Descriptive Title of Applicant's Project:**

Integration of Wetland Monitoring, Protection and Restoration with Watershed Planning in Rhode Island

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant 01

* b. Program/Project 01,02

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 09/30/2015

18. Estimated Funding (\$):

* a. Federal \$117,000

* b. Applicant \$46,104

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$163,104

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Terrence

Middle Name:

* Last Name: Maguire

Suffix:

* Title: Assistant Director, Financial and Contract Management

* Telephone Number: 401-222-4700 ex. 4902

Fax Number: 401-222-3869

* Email: terrence.maguire@dem.ri.gov

* Signature of Authorized Representative:

* Date Signed:

6-13-13